PTO/SB/06 (08-03)
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October 1 2004 Substitute for Form PTO-875								Application or Docket Number 09/83263/		
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY		OR	OTHER SMALL I	
	FOR NUMBER			NUMBER	R EXTRA	RATE	FEE		RATE	FEE
BASIC							<u>، 395</u>	OR,	-10	<u>.790</u>
rotal	L CLAIMS R 1.16(c))		minus 20 :	. ·		x s_9_=		OR	x s 8 =	
NDEF	ENDENT CLAIM		minus 3 =			× 44 =		OR	x \$ <u>8</u> 5 =	
37 CFR 1.16(b)) minus 3 = 1 MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					+:150=		OR	+5300=		
			<u>_</u> _			TOTAL	, ,	OR'	TOTAL	
if the		olumn 1 is less than			•	· · · · · · · · · · · · · · · · · · ·		•		
	CL	AIMS AS AME	NDED -	- PART II				• 00	OTHER	RTHAN
lo	112/04	(Column 1)		(Column 2)	(Column 3)	SMALL E	NTITY	• OR •	SMALL	ENTITY
		CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL) FEE
탉	Total	• / O	Minus	PAID FOR	= /	x 59 =		OR	x \$ [8] =	7
힑	(37 CFR 1.16(c)) Independent	. 62	Minus	··· 6	= /-	× 444 =		OR	x \$ 88 =	
빙	(37 CFR 1.16(b))	<u> </u>		VIT OLAMA (27.05	2115(4)	150		OR	+,200=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(4))					TOTAL	 	OR.	TOTAL ADD'L FEE	
		* *, *			i	ADD'L FEE		」	;	
		(Column 1)		(Column 2) HIGHEST	(Column 3)	i i		ا : ^{: ا}		
NT B		CLAIMS REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	<u> </u>	RATE	ADDI- TIONAL FEE
闄	Total (37 CFR 1.16(c))	•	Minus	**	=	x s_4_=		OR	x s/8 =	
	Independent (37 CFR 1.16(b))	•	Minus	***	=	x s <u>44</u> =		OR	x \$ <u>88</u> =	
AMENDMENT	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+s/50=		OR	+,300=	· · · · ·	
FIRST PRESENTATION OF MOCHINE DELENGENT COST						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)			<u> </u>	'	
CL		CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	• AMENDMENT	Minus	**	=	x 5 9 =		OR	x s/8 =	·
	(37 CFR 1.16(c)) Independent (37 CFR 1.16(b))	•	Minus	•••	=	× \$ <u>44</u> =		OR	x \$ <u>\$</u> \$ =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ s/50=		OR	+ s.300 =		
	FIRST FRESCRIPTION OF THE STATE				TOTAL ADD'L FEE	1.	OR	TOTAL ADD'L FEE		

** If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter 3.

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